Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

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|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | (Column                                | n 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (Colu                                 | ımn 2)                                                                        |           | TYPE [                                                                                            |                                                  | OR                   |                                                                                    |                        |
| TOTAL CLAIMS            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | w                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | -                                                                             | RATE      | FEE                                                                                               | 7                                                | RATE                 | FEE ·                                                                              |                        |
| FOR .                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER                                                                                                            | FILED                                  | NUME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BER EXTRA                             | 1                                                                             | BASIC FEE | 385.00                                                                                            | OR                                               | BASIC FEE            | 770.00                                                                             |                        |
| TC                      | OTAL CHARGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ABLE CLAIMS                                                                                                       | W mir                                  | nus 20=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *                                     | ·                                                                             |           | X\$ 9=                                                                                            |                                                  | OR                   | X\$18=                                                                             |                        |
| INDEPENDENT CLAIMS      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                   | Ų mi                                   | inus 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | * 7                                   | )                                                                             |           | X43=                                                                                              | 1                                                | OR                   | X86=                                                                               | 151                    |
| М                       | JLTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NDENT CLAIM PI                                                                                                    | RESENT                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                               |           | +145=                                                                                             | <del>                                     </del> |                      |                                                                                    |                        |
| * 11                    | the difference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e in column 1 is                                                                                                  | less than ze                           | ero, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | "0" in (                              | "0" in column 2                                                               |           |                                                                                                   | <u> </u>                                         |                      | +290=                                                                              |                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS AS A                                                                                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                               |           | TOTAL                                                                                             | <u> </u>                                         | OR                   | TOTAL                                                                              |                        |
|                         | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Column 1)                                                                                                        | 1VIL.110                               | (Colum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nn 2)                                 | (Column 3)                                                                    | _         | SMALL                                                                                             | ENTITY                                           | OR                   | OTHER<br>SMALL E                                                                   |                        |
| AMENDMENT A             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         |                                        | HIGHE<br>NUMB<br>PREVIOI<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | BER<br>USLY                           | PRESENT<br>EXTRA                                                              |           | RATE                                                                                              | ADDI-<br>TIONAL<br>FEE                           |                      | RATE                                                                               | ADDI-<br>TIONAL<br>FEE |
| NON                     | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *                                                                                                                 | Minus .                                | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | =                                                                             | ] [       | XS 9=                                                                                             |                                                  | OR                   | X\$18=                                                                             |                        |
| AME                     | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                                                                                                                 | Minus                                  | ***                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | -                                                                             |           | X43=                                                                                              |                                                  | OR                   | X86=                                                                               |                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENTATION OF ML                                                                                                    |                                        | PENDENT<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAtivi                               | ا لا                                                                          | 1         | +145=                                                                                             |                                                  | OR                   | +290=                                                                              | -                      |
|                         | · 1/2 17 18 19 w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                               | L         |                                                                                                   |                                                  | L                    |                                                                                    |                        |
|                         | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                   | ,                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                                                               | Δ         | TOTAL                                                                                             | 1                                                | OR ,                 | TOTAL                                                                              |                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1)                                                                                                        | ,<br>                                  | (Colum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ın 2)                                 | (Column 3)                                                                    | A         | TOTAL  <br>  DDIT. FEE                                                                            |                                                  | OR ,                 | TOTAL<br>ADDIT. FEE                                                                |                        |
| ENT B                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                       |                                        | (Colum<br>HIĞHE<br>NUMBI<br>PREVIOL<br>PAID F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ST<br>ER<br>USLY                      | (Column 3) PRESENT EXTRA                                                      | ^<br>] [  |                                                                                                   | ADDI-<br>TIONAL<br>FEE                           | OR ,                 | ADDIT. FEE                                                                         | ADDI-<br>TIONAL<br>FEE |
|                         | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                  | HIĞHE<br>NUMBI<br>PREVIOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ST<br>ER<br>USLY                      | PRESENT                                                                       |           | ODIT. FEE                                                                                         | TIONAL                                           | OR ,                 | ADDIT. FEE                                                                         | TIONAL                 |
| AMENDMENT B             | Total<br>Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EST<br>EER<br>USLY<br>FOR             | PRESENT<br>EXTRA                                                              |           | RATE                                                                                              | TIONAL                                           | OR                   | RATE                                                                               | TIONAL                 |
|                         | Total<br>Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EST<br>EER<br>USLY<br>FOR             | PRESENT<br>EXTRA                                                              |           | RATE  X\$ 9=  X43=                                                                                | TIONAL<br>FEE                                    | OR<br>OR             | RATE  X\$18=  X86=                                                                 | TIONAL                 |
|                         | Total<br>Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                         | Minus                                  | HIGHE<br>NUMBI<br>PREVIOU<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EST<br>EER<br>USLY<br>FOR             | PRESENT<br>EXTRA                                                              |           | RATE  X\$ 9=                                                                                      | TIONAL<br>FEE                                    | OR<br>OR             | RATE X\$18=                                                                        | TIONAL                 |
|                         | Total<br>Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS REMAINING AFTER AMENDMENT  *  *  NTATION OF MU                                                             | Minus                                  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EST<br>EER<br>USLY<br>FOR             | PRESENT<br>EXTRA<br>=<br>=                                                    |           | RATE  X\$ 9=  X43=  +145=                                                                         | TIONAL<br>FEE                                    | OR<br>OR             | RATE  X\$18=  X86=  +290=                                                          | TIONAL                 |
| AMENDMENT               | Total<br>Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS                                             | Minus                                  | HIGHE NUMBI PREVIOU PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EST<br>EER<br>USLY<br>FOR<br>CLAIM    | PRESENT<br>EXTRA                                                              |           | RATE  X\$ 9=  X43=  +145=  TOTAL                                                                  | TIONAL<br>FEE                                    | OR<br>OR             | RATE  X\$18=  X86=  +290=  TOTAL                                                   | TIONAL                 |
| C AMENDMENT             | Total<br>Independent<br>FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1)                                                    | Minus                                  | HIGHE NUMBI PREVIOU PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIM  CLAIM  TO 2)  ST  ER  JSLY     | PRESENT<br>EXTRA<br>=<br>=                                                    | At        | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE                                                        | TIONAL<br>FEE                                    | OR<br>OR             | RATE X\$18= X86= +290= TOTAL ADDIT. FEE                                            | TIONAL                 |
| C AMENDMENT             | Total Independent FIRST PRESEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus  LTIPLE DEP                      | HIGHE NUMBI PREVIOU PAID FO  ***  ***  COlumn HIGHE: NUMBE PREVIOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIM  CLAIM  TO 2)  ST  ER  JSLY     | PRESENT EXTRA  =  (Column 3)  PRESENT                                         | At        | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE                                                        | ADDI-<br>TIONAL<br>FEE                           | OR<br>OR             | RATE X\$18= X86= +290= TOTAL ADDIT. FEE                                            | ADDI-<br>TIONAL        |
| MENDMENT C AMENDMENT    | Total Independent FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus  JETIPLE DEP  Minus  Minus       | HIGHE NUMBI PREVIOU PAID FO (Column HIGHES NUMBE PREVIOU PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIM  CLAIM  TO 2)  ST  ER  JSLY  OR | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA                                   | A         | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE                                                        | ADDI-<br>TIONAL<br>FEE                           | OR<br>OR<br>OR       | RATE  X\$18=  X86=  +290=  TOTAL ADDIT FEE                                         | ADDI-<br>TIONAL        |
| MENDMENT C AMENDMENT    | Total Independent FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus  JETIPLE DEP  Minus  Minus       | HIGHE NUMBI PREVIOU PAID FO (Column HIGHES NUMBE PREVIOU PAID FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIM  CLAIM  TO 2)  ST  ER  JSLY  OR | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA                                   | AI        | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE  RATE  X\$ 9=  X43=                                    | ADDI-<br>TIONAL<br>FEE                           | OR<br>OR<br>OR<br>OR | RATE  X\$18=  X86=  +290=  TOTAL ADDIT. FEE  RATE  X\$18=  X\$18=  X86=            | ADDI-<br>TIONAL        |
| - AMENDMENT C AMENDMENT | Total Independent FIRST PRESE  Total Independent FIRST PRESE  the entry in column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU | Minus  Minus  Minus  Minus  LTIPLE DEP | HIGHE NUMBI PREVIOU PAID FO  **  ***  COlumn HIGHES NUMBE PREVIOU PAID FO  **  ***  ***  PENDENT O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CLAIM  CLAIM  CLAIM  CLAIM            | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =                             | AI        | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE  RATE  X\$ 9=  X43=  +145=                             | ADDI-<br>TIONAL<br>FEE                           | OR<br>OR<br>OR<br>OR | RATE  X\$18=  X86= +290=  TOTAL ADDIT. FEE  RATE  X\$18=  X\$18=  X\$6=  +290=     | ADDI-<br>TIONAL        |
| AMENDMENT C AMENDMENT   | Total Independent FIRST PRESENT Total Independent FIRST PRESENT the entry in column the "Highest Numn the "Highest Num t | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF MU  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                | Minus  Minus  Minus  Minus  LTIPLE DEP | (Column HIGHES NUMBER PREVIOUS PAID FOR NUMBER PREVIOUS PAID FOR NUMBER PREVIOUS PAID FOR SPACE IS IN | CLAIM  CLAIM  O' in colu              | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  20, enter "20." 3, enter "3." | AI        | RATE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE  X\$ 9=  X43=  +145=  TOTAL DDIT. FEE  TOTAL DDIT. FEE | ADDI-<br>TIONAL<br>FEE                           | OR OR OR OR OR       | RATE  X\$18=  X86=  +290=  TOTAL ADDIT. FEE  X\$18=  X\$6=  +290=  TOTAL DDIT. FEE | ADDI-<br>TIONAL        |